



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Allied Mental Health and Human Services Professions
1000 Washington Street, Suite 710
Boston, MA 02118-6100

APPLICATION INFORMATION FOR LICENSURE AS AN APPLIED BEHAVIOR ANALYST

Prior to completing the application, it is strongly recommended that all applicants obtain a copy of 262 CMR from the State Bookstore, Room 116, State House, Boston, MA 02133, (617) 727-2834, or online at www.mass.gov/dpl/boards/mh, to verify that all educational, exam, experience and supervision requirements are met. It is also recommended that applicants maintain a copy of their application for their records.

All applicants must pass the [Board Certified Behavior Analyst \(BCBA\)](#) Examination issued by the [Behavior Analyst Certification Board \(BACB\)](#) in order to become licensed. If you have already passed the exam, please list the date you passed the exam when prompted in the application.

There is a non-refundable application fee of **\$117.00**, which must be submitted in the form of a check or money order payable to the Commonwealth of Massachusetts. The application fee must accompany the completed application.

If all licensure requirements have been met, notification will be sent, and the initial licensure fee will be assessed. If it is determined that your application does not meet the requirements, you will be notified in writing.

All application materials should be submitted to:

The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Allied Mental Health and Human Services Professions
1000 Washington Street, Suite 710
Boston, MA 02118-6100

Should you have any questions about the application process, please contact Board staff at 617-727-0084 or via email at AMH.Board@state.ma.us

IMPORTANT:

ALL APPLICANTS MUST COMPLETE AND INCLUDE THE CHECKLIST PROVIDED AT THE END OF THIS APPLICATION

Reciprocal Recognition

Any applicant who holds a license, certification or registration as an applied behavior analyst, or the equivalent thereof as determined by the Board, issued by another state or jurisdiction, may apply to the Board for licensure as an applied behavior analyst by reciprocal recognition.

☐ **If you are applying for licensure by Reciprocal Recognition, please check this box. If you check this box, note that you must still complete this application. You must also:**

1. Attach written proof, in a form acceptable to the Board, that your license, certification, or registration as a mental health counselor is in good standing with the licensing authority that issued it;
2. Written proof (e.g., licensing regulations) that the requirements or standards for that license, certification or registration are substantially equivalent to or exceed the standards of the Commonwealth (these may generally be obtained from the state Board that issued your license);

Please be aware that if you submit an application and it is determined by the Board that it is incomplete, or that you have failed to meet the regulatory requirements for licensure, the Board will provide you six months to complete your application or submit the information needed to demonstrate that you meet the regulatory requirements, which will be communicated to you in a written letter from the Board. After six months, if your application is still incomplete, or if you have still failed to demonstrate that you meet the regulatory requirements for licensure, you will be issued a letter from the Board indicating that your application has been closed or denied. If your application is closed or denied, you would need to re-apply for licensure by submitting a complete application to the Board and by paying a new application fee.



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Please attach recent

**APPLIED BEHAVIOR ANALYST
LICENSURE APPLICATION**

2" x 2"

head and shoulder photograph

NON-REFUNDABLE APPLICATION FEE:
\$117.00

1. **Name:** _____
Last First Middle Maiden

2. **Mailing Address:** _____
No. Street Apt. No.

City/Town State Zip Code

NOTE: The mailing address above will be a **matter of public record**. It will appear on your license and will be used for all Board correspondence. The mailing address and the business address provided below may be the same.

3. **Business:** _____
Company Name

Street

City/Town State Zip Code

4. **Date of Birth:** _____

5. **Telephone No:** Day _____ Evening _____

6. **Email:** _____

Do you consent to receiving information about your application from the Board via email (e.g., incomplete notifications): ☐ Yes ☐ No

7. Pursuant to G.L. c. 62C, s. 49A, I have filed all state tax returns and paid all state taxes required under law: ☐ Yes ☐ No If no, please attach a detailed explanation on a separate piece of paper.

If you have ever held a Professional license in Massachusetts or another state, please complete the information below.					
State	License Number	License Type	Issue Date	Current	Lapsed
A letter of standing from each state listed must be sent to the Board separately in a sealed envelope.					

DISCIPLINARY HISTORY

If you answer “Yes” to any of the following questions, please attach a full explanation.

- A. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes ___ No ___**
- B. Are you the subject of pending disciplinary action by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes ___ No ___**
- C. Have you voluntarily surrendered or resigned a professional license to a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes ___ No ___**
- D. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes ___ No ___**
- E. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$200 was assessed? Yes ___ No ___**

The Board is registered under the provisions of M.G.L c.6 §172 to receive Criminal Offender Record Information (CORI) for the purpose of screening current licensees and otherwise qualified prospective license applicants. CORI must be checked as part of your licensing process. No convictions contained in a CORI are automatic disqualifiers. In order to complete the CORI check process, please fill out the Criminal Offender Record Information Acknowledgment Form on Pages 19 and 20.

EXAMINATION REQUIREMENTS

All applicants must pass the [Board Certified Behavior Analyst \(BCBA\)](#) Examination issued by the [Behavior Analyst Certification Board \(BACB\)](#) in order to become licensed.

I confirm I have taken and passed the exam _____

When do you take and pass the exam? ____/____/____

Please provide your certification number _____

Education Requirements

Graduate Education

University _____ Degree Conferral date _____
Major _____

ABA Course Sequence Requirements

University _____ ABA coursework completion
date _____

Please provide signed sealed transcripts to demonstrate completion of all education requirements noted above.

SUPERVISED EXPERIENCE:

Instructions: Please provide the following information about your Independent Fieldwork, Practicum and/or Intensive Practice Work Experience. The Board requires this information to verify whether or not you have met the Supervision and Work Experience requirements for licensure as per 262 CMR 10.03(5).

Independent Fieldwork

Dates of Independent Fieldwork: From _____ to _____

Name and Address of Fieldwork Site: _____

Your Title: _____

Name of Supervisor: _____ Supervisor's Title: _____

Practicum Experience

Dates of Practicum: From _____ to _____

Name of Recognized Educational Institution: _____

Name and Address of Practicum Site: _____

Your Title: _____

Name of Supervisor: _____ Supervisor's Title: _____

Intensive Practicum

Dates of Intensive Practicum: From _____ to _____

Name of Recognized Educational Institution: _____

Name and Address of Intensive Practicum Site: _____

Your Title: _____

Name of Supervisor: _____ Supervisor's Title: _____

(Use additional paper to list additional sites and supervisors)

AFFIDAVIT:

Pursuant to G.L. c. 119 s. 51A and G.L. c. 112, s. 1A, my signature on this application is my certification that I understand my obligation to report the abuse or neglect of children and that failure to do so may result in criminal punishment including fines and/or imprisonment.

The applicant named on this application agrees to abide by the rules and regulations for Licensed Applied Behavior Analysts and attests that all statements are truthful and are made under the pains and penalties of perjury.

Signature of Applicant

Date

**APPLIED BEHAVIOR ANALYST COURSEWORK REQUIREMENTS FORM FOR:
Applicants who met all education requirements PRIOR to January 1, 2015.**

Instructions: Please review your transcript and specify the course number which corresponds to the course content area listed below. You may split course credits over more than one content area. Once all credits from the course have been used, the course cannot be used again.

REQUIRED CONTENT AREAS AND CREDIT HOURS

Must have fulfilled each of the following course content areas and specified credit hours:

Content Area & Amount of Credit Hours	Course Number on Transcript
One (1) graduate credit hour of <i>ethical considerations</i>	
Three (3) graduate credit hours of <i>definition and characteristics and principles, processes, and concepts</i>	
Two (2) graduate credit hours of <i>behavioral assessment and selecting intervention outcomes and strategies</i>	
One (1) graduate credit hour of <i>evaluation of interventions</i>	
One (1) graduate credit hour of <i>measurement of behavior and displaying and interpreting behavior data</i>	
Three (3) graduate credit hours of <i>behavioral change procedures and systems support</i>	
Four (4) graduate credit hours of <i>discretionary coursework related to the study of applied behavior analysis acceptable to the Board</i> (Please use the boxes below and on the next page to list course numbers on your transcript that satisfy this requirement)	

**APPLIED BEHAVIOR ANALYST COURSEWORK REQUIREMENTS FORM FOR:
Applicants who met all education requirements ON OR AFTER January 1, 2015.**

Instructions: Please review your transcript and specify the course number which corresponds to the course content area listed below. You may split course credits over more than one content area. Once all credits from the course have been used, the course cannot be used again.

REQUIRED CONTENT AREAS AND CREDIT HOURS

Must have fulfilled each of the following course content areas and specified credit hours:

Content Area & Amount of Credit Hours	Course Number on Transcript
Three (3) graduate credit hours of <i>ethical and professional conduct</i>	
Three (3) graduate credit hours of <i>concepts and principles of behavior analysis</i>	
Three (3) graduate credit hours of <i>research methods in behavior analysis</i>	
Three (3) graduate credit hours of <i>fundamental elements of behavior change and specific behavior change procedures</i>	
Two (2) graduate credit hours of <i>identification of the problem and assessment</i>	
Two (2) graduate credit hours consisting of <i>intervention and behavior change considerations, behavior change systems, and implementation, management and supervision</i>	
Fourteen (2) graduate credit hours of <i>discretionary coursework related to the study of behavior analysis acceptable to the Board</i> (Please use the boxes below and on the next page to list course numbers on your transcript that satisfy this requirement)	

EXPERIENCE CATEGORIES

SUPERVISED INDEPENDENT FIELDWORK (1500 hours BCBA): To qualify under this standard at the BCBA level, supervisees must complete 1500 hours of Supervised Independent Fieldwork in behavior analysis. A supervisory period is two weeks. In order to count experience hours within any given supervisory period, supervisees must be supervised at least once during that period for no less than 5% of the total hours spent in Supervised Independent Fieldwork. For example, 20 hours of experience would include at least 1 supervised hour.

PRACTICUM (1000 hours BCBA): To qualify under this standard at the BCBA level, supervisees must complete, with a passing grade, 1000 hours of Practicum in behavior analysis within a university practicum program approved by the BACB and taken for graduate academic credit. A supervisory period is one week. In order to count experience hours within any given supervisory period, supervisees must be supervised at least once during that period for no less than 7.5% of the total hours spent in Practicum. For example, 20 hours of experience would include at least 1.5 supervised hours.

INTENSIVE PRACTICUM (750 hours BCBA): To qualify under this standard at the BCBA level, supervisees must complete, with a passing grade, 750 hours of Intensive Practicum in behavior analysis within a university practicum program approved by the BACB and taken for graduate academic credit. A supervisory period is one week. In order to count experience hours within any given supervisory period, supervisees must be supervised at least twice during that period for no less than 10% of the total hours spent in Intensive Practicum. For example, 20 hours of experience would include at least 2 supervised hours. For all three of the above options, no fewer than 10 hours but no more than 30 hours, including supervision, may be accrued per week. Supervisees may accrue experience in only one category per supervisory period (i.e., Supervised Independent Fieldwork, Practicum, or Intensive Practicum).

COMBINATION OF EXPERIENCE CATEGORIES: Supervisees may elect to accrue hours in a single category or may combine any 2 or 3 of the categories above (Supervised Independent Fieldwork, Practicum, Intensive Practicum) to meet the experience requirement, with Practicum having 1½ times the temporal value of Supervised Independent Fieldwork, and Intensive Practicum having 2 times the temporal value of Supervised Independent Fieldwork.

INDEPENDENT FIELDWORK FORM

Name of Applicant: _____

INSTRUCTIONS: Please duplicate this form as necessary. See following page for the rules regarding Supervision within and outside of Massachusetts. **PLEASE PRINT CLEARLY OR TYPE AND SUBMIT ORIGINAL SIGNED DOCUMENT.**

MINIMUM REQUIREMENTS: 1500 hours of Independent Fieldwork in behavior analysis, which must include: 75 supervised hours; no fewer than 10 but no more than 30 hours per week of independent fieldwork; and supervision at least once during two week periods for no less than 5% of the total hours spent in Independent Fieldwork during each two week period.

Remainder of Form to be completed by Supervisor

Name of Supervisor: _____

Supervisor's Title: _____

Supervisor's License Type and Number: _____

Supervisor's phone number: _____

Name/Address of Independent Fieldwork site: _____

Dates of Supervision of the Applicant: From: ____/____/____ To: ____/____/____ (month/date/year)

The applicant worked ____ hours per week for ____ weeks for a total of ____ behavioral analysis experience hours

Number of Supervision Hours provided during each two week period spent in Independent Fieldwork:

Has any disciplinary action been taken against you by any of the following (if yes, please submit a detailed explanation):

Professional Association or Organization:

Yes: ____ No: ____

Governmental Authority (e.g. Professional Licensing Board):

Yes: ____ No: ____

Third Party Insurance Carrier:

Yes: ____ No: ____

Credentialing Board:

Yes: ____ No: ____

I have read the rules regarding supervision listed in 262 CMR and/or provided on the following page and believe that I possess the qualifications of a supervisor. The undersigned states that under the pains and penalties of perjury, the above statements are true and correct.

Signature of Supervisor

Date

Supervision received in Massachusetts:

262 CMR 10.03(5)(e) Supervision received in Massachusetts:

1. prior to January 1, 2015 must be provided by a licensed applied behavior analyst or Board Certified Behavior Analyst (BCBA);
2. on or after January 1, 2015 but prior to January 1, 2018 must be provided by a licensed applied behavior analyst or a BCBA qualified to supervise by the Behavior Analyst Certification Board (BACB); and
3. on or after January 1, 2018 must be provided only by a licensed applied behavior analyst who is qualified to supervise by the BACB.

262 CMR 10.03(5)(f) Supervision received outside of Massachusetts:

1. prior to January 1, 2015 must be provided by an applied behavior analyst licensed in the state where the supervision occurs, or, if the state does not provide licensure for applied behavior analysts, a BCBA; and
2. on or after January 1, 2015 must be provided by an applied behavior analyst licensed in the state where the supervision occurs or, if the state does not provide licensure for applied behavior analysts, a BCBA qualified to supervise by the BACB.

262 CMR 10.03(5)(g) The supervisor may not be related to, subordinate to, or employed by the supervisee during the Supervised Experience period. Provided however that this provision shall not prohibit compensation paid to the supervisor from the supervisee for supervision services.

MASSACHUSETTS SUPERVISOR: Please list which of the above describes your license:

<i>LICENSE/CERTIFICATE #</i>

OUT OF STATE SUPERVISOR: Please attest that you meet the qualifications for practice in Massachusetts by your signature below.

License # _____ State _____ Licensure type _____

APPLICANT'S NAME: _____

PRACTICUM FORM

Name of Applicant: _____

INSTRUCTIONS: Please duplicate this form as necessary. See following page for the rules regarding Supervision within and outside of Massachusetts. **PLEASE PRINT CLEARLY OR TYPE AND SUBMIT ORIGINAL SIGNED DOCUMENT.**

MINIMUM REQUIREMENTS: 1000 hours of Practicum experience in behavior analysis, which must include: 75 hours of supervised experience at a Recognized Educational Institution Practicum program taken for graduate credit; accrue no fewer than 10 but no more than 30 hours per week of Practicum experience and; be supervised at least once during each week for no less than 7.5% of the total hours spent in Practicum for each week.

Remainder of Form to be completed by Supervisor

Name of Supervisor: _____

Supervisor's Title: _____

Supervisor's License Type and Number: _____

Supervisor's phone number: _____

Name/Address of Practicum Site: _____

Dates of Supervision of the Applicant: From: ____/____/____ To: ____/____/____ (month/date/year)

The applicant worked ____ hours per week for ____ weeks for a total of ____ behavioral analysis experience hours

Number of Supervision Hours provided during each weekly period: _____

Has any disciplinary action been taken against you by any of the following (if yes, please submit detailed explanation):

<u>Professional Association or Organization:</u>	Yes: ____	No: ____
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<u>Governmental Authority (e.g. Professional Licensing Board):</u>	Yes: ____	No: ____
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<u>Third Party Insurance Carrier:</u>	Yes: ____	No: ____
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<u>Credentialing Board:</u>	Yes: ____	No: ____
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I have read the rules regarding supervision listed in 262 CMR and/or provided on the following page and believe that I possess the qualifications of a supervisor. The undersigned states that under the pains and penalties of perjury, the above statements are true and correct.

Signature of Supervisor

Date

Supervision received in Massachusetts:

262 CMR 10.03(5) (e) Supervision received in Massachusetts:

1. prior to January 1, 2015 must be provided by a licensed applied behavior analyst or Board Certified Behavior Analyst (BCBA);
2. on or after January 1, 2015 but prior to January 1, 2018 must be provided by a licensed applied behavior analyst or a BCBA qualified to supervise by the Behavior Analyst Certification Board (BACB); and
3. on or after January 1, 2018 must be provided only by a licensed applied behavior analyst who is qualified to supervise by the BACB.

262 CMR 10.03(5) (f) Supervision received outside of Massachusetts:

1. prior to January 1, 2015 must be provided by an applied behavior analyst licensed in the state where the supervision occurs, or, if the state does not provide licensure for applied behavior analysts, a BCBA; and
2. on or after January 1, 2015 must be provided by an applied behavior analyst licensed in the state where the supervision occurs or, if the state does not provide licensure for applied behavior analysts, a BCBA qualified to supervise by the BACB.

262 CMR 10.03(5) (g) The supervisor may not be related to, subordinate to, or employed by the supervisee during the Supervised Experience period. Provided however that this provision shall not prohibit compensation paid to the supervisor from the supervisee for supervision services.

MASSACHUSETTS SUPERVISOR: Please list which of the above describes your license:

<p style="text-align: center;">_____ <i>LICENSE/CERTIFICATE #</i>_____</p>
--

OUT OF STATE SUPERVISOR: Please attest that you meet the qualifications for practice in Massachusetts by your signature below.

License # _____ State _____ Licensure type _____

APPLICANT'S NAME: _____

INTENSIVE PRACTICUM FORM

Name of Applicant: _____

INSTRUCTIONS: Please duplicate this form as necessary. See following page for the rules regarding Supervision within and outside of Massachusetts. **PLEASE PRINT CLEARLY OR TYPE AND SUBMIT ORIGINAL SIGNED DOCUMENT.**

MINIMUM REQUIREMENTS: 750 hours of Intensive Practicum experience in behavior analysis, which must include: 75 hours of supervision within a Recognized Educational Institution; no fewer than 10 hours but no more than 30 hours per week; and be supervised at least once during each week for no less than 10% of the total hours spent in Intensive Practicum each week.

Remainder of Form to be completed by Supervisor

Name of Supervisor: _____

Supervisor's Title: _____

Supervisor's License Type and Number: _____

Supervisor's phone number: _____

Name/Address of Intensive Practicum Site: _____

Dates of Supervision of the Applicant: From: ____/____/____ To: ____/____/____ (month/date/year)

The applicant worked ____ hours per week for ____ weeks for a total of ____ behavioral analysis experience hours

Number of Supervision Hours provided during each weekly period: _____

Has any disciplinary action been taken against you by any of the following (if yes, please submit detailed explanation):

Professional Association or Organization:

Yes: ____ No: ____

Governmental Authority (e.g. Professional Licensing Board):

Yes: ____ No: ____

Third Party Insurance Carrier:

Yes: ____ No: ____

Credentialing Board:

Yes: ____ No: ____

I have read the rules regarding supervision listed in 262 CMR and/or provided on the following page and believe that I possess the qualifications of a supervisor. The undersigned states that under the pains and penalties of perjury, the above statements are true and correct.

Signature of Supervisor

Date

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to

M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Division of Professional Licensure must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT 1000 WASHINGTON STREET, SUITE 710, BOSTON, MA 02118.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.

SECTION A: VERIFICATION BY DPL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

☐ Passport ☐ State Issued driver's license ☐ Military identification ☐ State-issued identification card

VERIFIED BY: _____
Name of Verifying DPL Employee (Please Print)

Signature of Verifying DPL Employee Date

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:[†]

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).

Applied Behavior Analyst Application Checklist

Prior to submitting an application, please make sure the following information is included and / or documented:

☐ **Completed notarized application w/ photo**

☐ **Check/Money Order for non-refundable application fee of \$117.00.**

Additional licensure fee will be assessed when all requirements have been met.

☐ **If currently or previously licensed in another State, official letter of verification from that State in a sealed envelope, or sent directly to the Board by the State**

☐ **Date you passed the BCBA Examination (if applying through reciprocity, leave this blank)**

☐ **Completed Independent Fieldwork, Practicum, and Intensive Practicum Forms (Originals only -- photocopies are not accepted)**

☐ **Completed Criminal Offender Record Information Request Form**

For BCBA's only:

☐ **A copy of your BCBA certification (wallet-sized or wall certificate acceptable)**

For Doctoral and Master's Degree Applicants who have the required course credit in behavior analysis only:

☐ **Official, sealed transcript(s) (Doctoral and Master's Degree transcripts ONLY)**

☐ **Completed Coursework Forms**

For Doctoral and Master's Degree applicants with a degree in another field of human services only:

☐ **Official, sealed transcript(s) (Doctoral and Master's Degree transcripts ONLY)**

☐ **An official, sealed transcript of certificate program**

MANDATORY

My social security number is:

- -

Pursuant to G.L. c. 62C, §

47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you comply with the tax laws of the Commonwealth.